

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 311

Primary Registration District No. 4456

Registrar's No. 32

STATE FILE NUMBER

FILED JUN 13 1962

~~62-020067~~
62-020067

Vs 300
Rev. 4/59

10930

20930-

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4 - 0

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94200

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11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. CLAIR

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN APPLETON CITY

Length of stay in lb
16 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION CLLETT M. Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

ST. CLAIR

c. CITY
OR
TOWN

APPLETON CITY

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

William Nelson Mote

4. DATE OF DEATH

Month

Day

Year

June

8

62

5. SEX

M

6. COLOR OR RACE

W

7. Married

☒ Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

10-20-1908

9. AGE (at birthday)

53

IF UNDER 1 YEAR

Months

Days

Hours Min.

7

18

U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hot Cheny Work

10b. KIND OF BUSINESS OR INDUSTRY

Lowry City Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Bongamen Mote

13b. MOTHER'S MAIDEN NAME

Mary Bond

14. NAME OF HUSBAND OR WIFE

Edith Mote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

yes WW2

17. INFORMANT

Edith Mote Appleton City Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

36 h

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE: CHRONIC

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 1954 to June 8 1962 and last saw him alive on June 8 1962

Death occurred at 11:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

R.H. Brawnsberger MD

22b. ADDRESS

Appleton City, Mo. June 10 1962

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

6-10-62

23c. NAME OF CEMETERY OR CREMATORY

APPLETON CITY

23d. LOCATION (City, town, or county)

APPLETON CITY, MO.

24. FUNERAL DIRECTOR

ADDRESS

Oscar Eckhoff Appleton City Mo. June 10 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Chas. Abney

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 17 1962
MAR 21 1963
JUN 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Olson Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.